



**Commonwealth of Virginia  
Department of Medical  
Assistance Services**

**External Quality Review**

**Anthem BlueCross/BlueShield**

**SFY 2005**

*We don't provide healthcare... we make it better.*



## Section II - Performance Improvement Projects

### Introduction

As part of the annual External Quality Review (EQR), Delmarva conducted a review of Performance Improvement Projects (PIPs) submitted by each MCO contracting with the Department of Medical Assistance Services (DMAS). According to its contract with DMAS, each MCO is required to conduct performance improvement projects that are designed to achieve, through ongoing measurements and intervention, significant improvement, sustained over time, in clinical care and non-clinical care areas that are expected to have a favorable effect on health outcomes and enrollee satisfaction. According to the contract, the performance improvement projects must include the measurement of performance using objective quality indicators, the implementation of system interventions to achieve improvement in quality, evaluation of the effectiveness of the interventions, and planning and initiation of activities for increasing or sustaining improvement.

The guidelines utilized for PIP review activities were CMS' *Validation of PIPs* protocols. After developing a crosswalk between the QIA form and *Validating PIP Worksheet*, Delmarva staff developed review processes and worksheets using CMS' protocols as guidelines (2002). CMS' *Validation of PIPs* assists EQROs in evaluating whether or not the PIP was designed, conducted, and reported in a sound manner and the degree of confidence a state agency could have in the reported results.

Prior to the PIP review for the 2003 review period (July through December 2003) training on the new validation requirements was provided to the Medallion II MCOs and Delmarva review staff. This training consisted of a four-hour program provided by Delmarva to orient the MCOs to the new BBA requirements and PIP validation protocols so that they would be familiar with the protocols used to evaluate their performance. CMS' validation protocols, *Conducting and Validating Performance Improvement Projects*, were presented to the MCOs in hardcopy during the training.

For the 2003 review period, the reviewers evaluated the entire project submission, although the minimum requirement was that each MCO review and analyze its baseline performance in 2003 to develop strong, self-sustaining interventions targeted to reach meaningful improvement.

For the current review period, calendar year (CY) 2004, the same protocols and tools were used. Reviewers evaluated each project submitted using the CMS validation tools. This included assessing each project across ten steps. These ten steps include:

Step 1: Review the Selected Study Topics,

Step 2: Review the Study Questions,

Step 3: Review the Selected Study Indicator(s),

Step 4: Review the Identified Study Population,

Step 5: Review Sampling Methods,

Step 6: Review the MCO's Data Collection Procedures,

Step 7: Assess the MCO's Improvement Strategies,

Step 8: Review Data Analysis and Interpretation of Study Results,

Step 9: Assess the Likelihood that Reported Improvement is Real Improvement, and

Step 10: Assess Whether the MCO has Sustained its Documented Improvement.

As Delmarva staff conducted the review, each component within a standard (step) was rated as “yes,” “no,” or “N/A” (not applicable). Components were then rolled up to create a determination of “met”, “partially met”, “unmet” or “not applicable” for each of the ten standards. Table 1 describes this scoring methodology.

Table 1. Rating Scale for Performance Improvement Project Validation Review

Rating	Rating Methodology
Met	All required components were present.
Partially Met	One but not all components were present.
Unmet	None of the required components were present.
Not Applicable	None of the required components are applicable.

## Results

This section presents an overview of the findings of the Validation Review conducted for each PIP submitted by the MCO. Each MCO's PIP was reviewed against all 27 components contained within the ten standards.

Anthem Blue Cross/Blue Shield provided the ten activities assessed for each PIP are presented in Table 2 below.

Table 2. 2004 Performance Improvement Project Review for Anthem Blue Cross/Blue Shield

Activity Number	Activity Description	Review Determination	
		Adolescent Immunization Combination 2 Rate	Improving the Use of Appropriate Medications for People with Asthma
1	Assess the Study Methodology	Partially Met	Met
2	Review the Study Question(s)	Unmet	Unmet
3	Review the Selected Study Indicator(s)	Partially Met	Met
4	Review the Identified Study Population	Unmet	Met
5	Review Sampling Methods	Met	Not Applicable
6	Review Data Collection Procedures	Partially Met	Partially Met
7	Assess Improvement Strategies	Partially Met	Partially Met
8	Review Data Analysis and Interpretation of Study Results	Partially Met	Partially Met
9	Assess Whether Improvement is Real Improvement	Not Applicable	Partially Met
10	Assess Sustained Improvement	Not Applicable	Met

## Conclusions and Recommendations

### Conclusions

Anthem Blue Cross/Blue Shield provided two PIPs for review. These included, (1) Adolescent Immunization Combination 2 Rate and (2) Improving the Use of Appropriate Medications for People with Asthma. These were evaluated using the Validating Performance Improvement Projects protocol, commissioned by the Department of Health and Human Services, Centers for Medicare and Medicaid Services, which allows assessment among 10 different project activities.

For the Adolescent Immunization Project, the MCO received a review determination of “Met” for one (1) element, “Partially Met” for five (5) elements, and “Unmet” for two (2) elements. Two of the activities were not applicable and include “Assess Whether Improvement is Real Improvement,” and “Assess Sustained Improvement.”

For the second project, Improving the Use of Appropriate Medications for People with Asthma, Anthem Blue Cross/Blue Shield received a review determination of “Met” for four (4) elements, “Partially Met” for

four (4) elements, and a review determination of “Unmet” for one (1) element. Activity 5, Sampling Methods, was not applicable as the entire population was used.

### Recommendations

Based on a review of each of the two PIPs provided by the MCO, the following recommendations are made to improve the PIP process and performance.

- Anthem Blue Cross/Blue Shield must assure that it is clear how study topics are selected and include findings supporting topic selection based on analysis of Medallion II enrollee demographic and utilization data.
- Clear problem statements should be included for each project. Problem statements should analyze performance relative to national benchmarks and cite potential health consequences identified in clinical literature for performance below benchmarks.
- Anthem Blue Cross/Blue Shield should provide clear documentation to support the use of objective, clearly defined, measurable indicators. If Health Plan Employer Data and Information Set (HEDIS®)<sup>1</sup> measures are used, this should be explicitly stated.
- Anthem Blue Cross/Blue Shield must clearly define the identified study population to include enrollment requirements. There must be a description to include how the approach validly captures all Medicaid enrollees for the selected indicator(s).
- Projects should clearly specify the data sources for the studies being conducted.
- Efforts to ensure data reliability and validity should be described.
- If data collection tools are used, these should be provided for review.
- Qualifications of staff used to collect data should be specified.
- Anthem Blue Cross/Blue Shield must ensure that PIP study documentation identified planned interventions in response to identified barriers.
- Anthem Blue Cross/Blue Shield should assure that numerators, denominators, and resulting rates are accurate.
- Data should be consistently reported for the same time period for each measurement year to allow for appropriate comparison with prior measurement years and comparison goals.

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<sup>1</sup> HEDIS is a registered trademark of the National Committee of Quality Assurance (NCQA).

## QUALITY IMPROVEMENT PROJECT VALIDATION WORKSHEET

*Use this or a similar worksheet as a guide when validating MCO/PHP Quality Improvement Projects. Answer all questions for each activity. Refer to the protocol for detailed information on each area.*

ID of evaluator jaaDate of evaluation: July 2005

Demographic Information		
MCO/PHP Name or ID:	Anthem Blue Cross/Blue Shield	
Project Leader Name:	Candice McAuliffe, Program Manager	
Telephone Number:	804-354-7060	Email: candice.mcauliffe@anthem.com
Name of Quality Improvement Project:	Improving the Use of Appropriate Medications for People with Asthma	
Dates in Study Period:	January 1, 1999 to December 21, 2004	Phase: Remeasurement 4
Note: Medallion II enrollees were included in this PIP in 2001 joining two other Medicaid populations served by Anthem Blue Cross/Blue Shield.		

<b>I. ACTIVITY 1: ASSESS THE STUDY METHODOLOGY</b>					
<b>Step 1. REVIEW THE SELECTED STUDY TOPIC (S)</b>					
<b>Component/Standard</b>	<b>Y</b>	<b>N</b>	<b>N/A</b>	<b>Comments</b>	<b>Cites and Similar References</b>
<b>1.1</b> Was the topic selected through data collection and analysis of comprehensive aspects of enrollee needs, care and services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anthem Blue Cross/Blue Shield selected the study topic based upon review of Medicaid HMO plan specific and national data. Asthma ranked in the top 10 diagnoses for inpatient admissions and Emergency Departments visits and in the top 20 diagnoses for outpatient office visits for Anthem Blue Cross/Blue Shield Medicaid HMO enrollees in 1999-2001. Nationally, in 2000 asthma ranked first in hospital discharges for children under 15 years of age.	QAPI RE2Q1 QAPI RE2Q2,3,4 QIA S1A1
<b>1.2</b> Did the MCO/PHP QIP address a broad spectrum of key aspects of enrollee care and services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	This PIP seeks to increase the use of appropriate asthma medications among all Medicaid HMO enrollees aged 5-56 years with a diagnosis of asthma. This PIP, over time, did address multiple care and delivery systems that have the ability to pose barriers to improved enrollee outcomes and meets the requirements of this element.	QAPI RE2Q1 QIA S1A2
<b>1.3</b> Did the MCO/PHP QIP include all enrolled populations; i.e., did not exclude certain enrollees such as with those with special health care needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anthem Blue Cross/Blue Shield followed the HEDIS eligible population description for Medicaid that contains inclusion and exclusion criteria and meets the requirement of this element.	QAPI RE2Q1 QIA S1A2

<b>I. ACTIVITY 1: ASSESS THE STUDY METHODOLOGY</b>
<b>Step 1. REVIEW THE SELECTED STUDY TOPIC (S)</b>
<b>Assessment Component 1</b> <input checked="checked" type="checkbox"/> Met – All required components are present. <input type="checkbox"/> Partially Met – Some, but not all components are present. <input type="checkbox"/> Unmet -None of the required components is present.
<b>Recommendations</b>



Step 2: REVIEW THE STUDY QUESTION (S)					
Component/Standard	Y	N	N/A	Comments	Cites and Similar References
2.1 Was there a clear problem statement that described the rationale for the study?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	As noted in the MY 2003 review there was no problem statement or study question that clearly described why this study was meaningful to the Medallion II population at Anthem Blue Cross/Blue Shield.	QIA S1A3
<b>Assessment Component 2</b> <input type="checkbox"/> Met – All required components are present. <input type="checkbox"/> Partially Met – Some, but not all components are present. <input checked="" type="checkbox"/> Unmet -None of the required components is present.					
<b>Recommendations</b> Describe a problem statement that explains why Anthem Blue Cross/Blue Shield chose this project for meaningful improvement in the Medallion II population.					

Step 3: REVIEW SELECTED STUDY INDICATOR (S)					
Component/Standard	Y	N	N/A	Comments	Cites and Similar References
3.1 Did the study use objective, clearly defined, measurable indicators?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	One indicator was identified for this study as the appropriate asthma medication combined rate for ages 5–56 years. The denominator and numerator supported the indicator and were objective and well defined.	QAPI RE3Q1, QAPI RE3Q2-6 QAPI RE3Q7-8 QIA S1B2 QIA S1B3
3.2 Did the indicators measure changes in health status, functional status, or enrollee satisfaction, or processes of care with strong associations with improved outcomes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Use of appropriate asthma medications has been demonstrated to improve long-term control for individuals with asthma and as such serves as a proxy measure for changes in health status.	QAPI RE3Q9 QIA S1B1
<b>Assessment Component 3</b> <input checked="" type="checkbox"/> Met – All required components are present. <input type="checkbox"/> Partially Met – Some, but not all components are present. <input type="checkbox"/> Unmet -None of the required components are present.					
<b>Recommendations</b>  					

Step 4: REVIEW THE IDENTIFIED STUDY POPULATION					
Component/Standard	Y	N	N/A	Comments	Cites and Similar References
4.1 Did the MCO/PHP clearly define all Medicaid enrollees to whom the study question(s) and indicator(s) are relevant?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anthem Blue Cross/Blue Shield clearly defined all Medicaid enrollees for this study as those aged 5-56 years by 12/31 of the measurement year who were continuously enrolled during the measurement year and the year preceding with no more than one gap in enrollment of up to 45 days during each year of enrollment. Enrollees were required to meet one of four criterion in the prior year for study inclusion based upon HEDIS methodology.	QAPI RE2Q1, QAPI RE3Q2-6
4.2 If the MCO/PHP studied the entire population, did its data collection approach capture all enrollees to whom the study question applied?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HEDIS methodology and specifications meet the requirements of this component.	QAPI RE4Q1&2 QAPI RE5Q1.2 QIA I B, C
<b>Assessment Component 4</b> <input checked="" type="checkbox"/> Met – All required components are present. <input type="checkbox"/> Partially Met – One, but not all components are present. <input type="checkbox"/> Unmet -None of the required components is present.					
<b>Recommendations</b>  					

Step 5: REVIEW SAMPLING METHODS					
Component/Standard	Y	N	N/A	Comments	Cites and Similar References
5.1 Did the sampling technique consider and specify the true (or estimated) frequency of occurrence of the event, the confidence interval to be used, and the margin of error that will be acceptable?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No sampling was used. Anthem Blue Cross/Blue Shield included the entire eligible population in the PIP.	QAPI RE5Q1.3a QIA S1C2
5.2 Did the MCO/PHP employ valid sampling techniques that protected against bias? <i>Specify the type of sampling or census used:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No sampling was used. Anthem Blue Cross/Blue Shield included the entire eligible population in the PIP.	QAPI RE5Q1.3b-c QIA S1C2
5.3 Did the sample contain a sufficient number of enrollees?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No sampling was used. Anthem Blue Cross/Blue Shield included the entire eligible population in the PIP.	QAPI RE5Q1.3b-c QIA S1C2
<b>Assessment Component 5</b> <input checked="" type="checkbox"/> Met – All required components are present. <input type="checkbox"/> Partially Met – Some, but not all components are present. <input type="checkbox"/> Unmet -None of the required components is present.					
Recommendations					

Step 6: REVIEW DATA COLLECTION PROCEDURES					
Component/Standard	Y	N	N/A	Comments	Cites and Similar References
6.1 Did the study design clearly specify the data to be collected?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HEDIS has well defined data requirements for this indicator. Data to be collected was specified to include enrollment term and continuity, prescribed controller medications, ICD-9 diagnostic codes for asthma, and a minimum number of dispensing events, Emergency Department visits, hospitalization, and outpatient visits.	QAPI RE4Q1&2
6.2 Did the study design clearly specify the sources of data	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sources of data were clearly identified to include claims/encounter data and pharmacy data.	QAPI RE4Q1&2
6.3 Did the study design specify a systematic method of collecting valid and reliable data that represents the entire population to which the study's indicator(s) apply?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	HEDIS methodology was used for collecting data for this measure. There was no evidence of a plan to audit data to ensure validity and reliability for MY 2004 data.	QAPI RE4Q3a QAPI RE4Q3b QIA S1C1 QIA S1C3
6.4 Did the instruments for data collection provide for consistent, accurate data collection over the time periods studied?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	There was no evidence to support clear data collection instruments designed to promote inter-rater reliability for any manual data collection.	QAPI RE4Q1&2 QAPI RE4Q3b QAPI RE7Q1&2
6.5 Did the study design prospectively specify a data analysis plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	A prospective data analysis plan was not described.	QAPI RE5Q1.2
6.6 Were qualified staff and personnel used to collect the data?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The PIP did not specify the qualifications of staff/personnel used to collect the data.	QAPI RE4Q4

**Step 6: REVIEW DATA COLLECTION PROCEDURES****Assessment Component 6**

- ☐ Met – All required components are present.
- ☒ Partially Met – Some, but not all components are present.
- ☐ Unmet -None of the required components is present.

**Recommendations**

The PIP report should include a description of the internal plan to ensure the collection of valid and reliable data for each indicator. If manual data collection is performed for any indicator, describe how the data collection instrument was designed to promote inter-rater reliability. Describe a prospective data analysis plan for each indicator. Qualifications of staff/personnel used to collect the data should be specified for all indicators.

Step 7: ASSESS IMPROVEMENT STRATEGIES					
Component/Standard	Y	N	N/A	Comments	Cites and Similar References
7.1 Were reasonable interventions undertaken to address causes/barriers identified through data analysis and QI processes undertaken?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Anthem Blue Cross/Blue Shield has not yet conducted a barrier analysis in response to MY 2004 results since the results were received just prior to the PIP submission. Enrollee, provider, and administrative barriers initially identified following baseline measurement in 1999 remain the focus of interventions as documented in the qualitative analysis for MY 2000, 2002, and 2003. Based upon an essentially unchanged rate for the past three measurement periods (68.3, 68.93, 68.52) it does not appear that current interventions are effective.	QAPI RE6Q1a QAPI RE6Q1b QAPI RE1SQ1-3 QIA S3.5 QIA S4.1 QIA S4.2 QIA S4.3
<b>Assessment Component 7</b> <input type="checkbox"/> Met – All required components are present. <input checked="" type="checkbox"/> Partially Met – Some, but not all components are present. <input type="checkbox"/> Unmet -None of the required components is present.					
<b>Recommendations</b> <p>Based upon the decline in rates in MY 2004 and the minimal improvement in the prior year Anthem Blue Cross/Blue Shield needs to reexamine the barriers or root causes underlying these results and develop more aggressive, targeted interventions. Perhaps including a broader representation of staff in the analysis as well as examining data by age groups and individual providers may assist in surfacing additional barriers.</p>					

Step 8: REVIEW DATA ANALYSIS AND INTERPRETATION OF STUDY RESULTS					
Component/Standard	Y	N	N/A	Comments	Cites and Similar References
8.1 Was an analysis of the findings performed according to the data analysis plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There was no quantitative or qualitative analysis for MY 2004 since the data had been received just prior to PIP submission. There is evidence, however, that both analyses were conducted after each of the prior measurement periods.	QAPI RE4Q4 QIA III
8.2 Did the MCO/PHP present numerical QIP results and findings accurately and clearly?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The Data/Results Table identified the rate for January 1, 2004 through December 21, 2004 which did not represent the entire 2004 MY. The comparison benchmark identified as the HEDIS 90 <sup>th</sup> percentile did not include the associated rate allowing for comparison of actual rate to benchmark as had occurred in prior measurement years. The goal for MY 2004 was identified as "TBD".	



Step 8: REVIEW DATA ANALYSIS AND INTERPRETATION OF STUDY RESULTS					
8.3 Did the analysis identify: initial and repeat measurements, statistical significance, factors that influence comparability of initial and repeat measurements, and factors that threaten internal and external validity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	As noted in 8.1 above there was no quantitative or qualitative analysis for MY 2004 since the data had been received just prior to PIP submission. Analysis conducted in prior measurement years compared the indicator result to the comparison goal/benchmark and the previous measurement. Reasons for changes to the goal were identified. Trends, increases, or decreases in performance or changes in statistical significance were routinely documented. Changes to baseline methodology were identified resulting from combining rates for two and then three Medicaid HMOs, however, no factors were cited that threatened internal or external validity.	QAPI RE7Q2 QIA S1C4 QIA S2.1
8.4 Did the analysis of study data include an interpretation of the extent to which its QIP was successful and follow-up activities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	As noted above there was no analysis of MY 2004 results since the data had been received just prior to PIP submission. There was evidence that a planned qualitative analysis for MY 2003 scheduled after PIP submission did occur. This analysis included an observation that the disease management program interventions were positively impacting care over time and a planned activity for enrollee follow up related to the Disease Management Program.	QIA S2.2

<b>Step 8: REVIEW DATA ANALYSIS AND INTERPRETATION OF STUDY RESULTS</b>
<b>Assessment Component 8</b>
<input type="checkbox"/> Met – All required components are present.
<input checked="" type="checkbox"/> Partially Met – Some, but not all components are present.
<input type="checkbox"/> Unmet -None of the required components is present.
<b>Recommendations</b>
Data should be consistently reported for the same time period for each measurement year to allow for appropriate comparison with prior measurement years and comparison goals and/or benchmarks should be identified for each measurement period. An analysis of findings, both quantitative and qualitative, should be completed now that data for MY 2004 has been received focusing on an in-depth barrier analysis to address stalled improvement and the development of associated interventions that are timely, focused, and aggressive.

Step 9: ASSESS WHETHER IMPROVEMENT IS REAL IMPROVEMENT					
Component/Standard	Y	N	N/A	Comments	Cites and Similar References
9.1 Was the same methodology as the baseline measurement used when measurement was repeated?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Changes to baseline methodology occurred. For the baseline measurement and remeasurement 1 the rate was calculated separately for Anthem Blue Cross/Blue Shield's two HMOs. In 2001 Anthem Blue Cross/Blue Shield combined the two HMO entity rates for analysis purposes for HEDIS 2000 and 2001. For HEDIS 2003 Anthem Blue Cross/Blue Shield added the Medallion II enrollees to this combined rate. There was no evidence that the impact of combining rates and adding a Medicaid HMO population at a later date was explored. No changes were documented for MY 2004.	QAPI RE7Q2 QAPI 2SQ1-2 QIA S1C4 QIA S2.2 QIA S3.1 QIA S3.3 QIA S3.4
9.2 Was there any documented quantitative improvement in processes or outcomes of care?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	While the goal for MY 2004 was identified as "TBD" the rate for MY 2004 decreased 0.4 percentage points following only a slight increase in the rate in MY 2003. The rate, however, remains above the baseline year rate.	QAPI RE7Q3 QIA S2.3

Step 9: ASSESS WHETHER IMPROVEMENT IS REAL IMPROVEMENT					
9.3 Does the reported improvement in performance have face validity; i.e., does the improvement in performance appear to be the result of the planned quality improvement intervention?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Improvement in performance from baseline to MY 2004 appears to have face validity based upon the interventions that were developed to address identified opportunities for improvement. While the rate still remains above baseline the minimal improvement in MY 2003 and slight decline in MY 2004 suggest a need for implementing more aggressive, targeted interventions.	QIA S3.2
9.4 Is there any statistical evidence that any observed performance improvement is true improvement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	For each measurement period the quantitative analysis included a test of statistical significance. The increase in the indicator rate from remeasurement 1 to remeasurement 2 was determined to be statistically significant at the 95% confidence level. The increase from baseline to remeasurement 3 was also found to be statistically significant at the 95% confidence level.	QIA S2.3
<b>Assessment Component 9</b> <input type="checkbox"/> Met – All required components are present. <input checked="" type="checkbox"/> Partially Met – Some, but not all components are present. <input type="checkbox"/> Unmet -None of the required components is present.					
<b>Recommendations</b> Consider examining the individual as well as the combined medication rate for each of the Medicaid populations especially since PIP interventions were implemented at a later date for Medallion II enrollees.					

Step 10: ASSESS SUSTAINED IMPROVEMENT					
Component/Standard	Y	N	N/A	Comments	Cites and Similar References
10.1 Was sustained improvement demonstrated through repeated measurements over comparable time periods?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The medication rate decreased from baseline to remeasurement 1; however, it was not statistically significant. All subsequent remeasurements through MY 2003 have demonstrated continued improvement. The medication rate for MY 2004, while still above baseline, declined slightly at .04 percentage points.	QAPI RE2SQ3 QIA II, III
<b>Assessment Component 10</b> <input checked="" type="checkbox"/> Met – All required components are present. <input type="checkbox"/> Partially Met – Some, but not all components are present. <input type="checkbox"/> Unmet -None of the required components is present.					
<b>Recommendations</b> The slight deterioration in rate for MY 2004 suggests a need to reexamine barriers relating to the performance gap and develop targeted, aggressive interventions to ensure sustained as well as continued improvement.					

Key Findings for: <input type="checkbox"/> Proposal <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Resubmission <input type="checkbox"/> Final	
<b>1. Strengths</b>	<ul style="list-style-type: none"> <li>➤ The study indicator was objective and well defined based upon HEDIS specifications.</li> <li>➤ Data collection procedures were well defined based upon HEDIS methodology.</li> <li>➤ Improvements realized since baseline in the appropriate asthma medication indicator rate have been sustained over time.</li> <li>➤ A comprehensive quantitative analysis was performed following each remeasurement that compared result to goal/benchmark and prior performance, described reasons for any changes to goals, and identified any trends or changes in statistical significance.</li> <li>➤ The increase from baseline to remeasurement 3 was found to be statistically significant at the 95% confidence level.</li> </ul>
<b>2. Best Practices</b>	None identified.
<b>3. Potential /significant issues experienced by MCO (Barrier Analysis/Clarification Questions)</b>	<p>Barriers identified included:</p> <ul style="list-style-type: none"> <li>➤ Barrier analysis for each measurement period following baseline measurement identified no new barriers.</li> </ul>
<b>4. Actions taken by MCO (Barrier Analysis/Response to Clarification Questions)</b>	<p>Actions taken by the MCO included:</p> <ul style="list-style-type: none"> <li>➤ No interventions were identified in the Interventions Table specific to MY 2004 as a result of analysis of MY 2003 results..</li> </ul>
<b>5. Recommendations for the next submission</b>	<ul style="list-style-type: none"> <li>➤ Describe a problem statement that explains why Anthem Blue Cross/Blue Shield chose this project for meaningful improvement in the Medallion II population.</li> <li>➤ The PIP report should include a description of the internal plan to ensure the collection of valid and reliable data for each indicator. If manual data collection is performed for any indicator, describe how the data collection instrument was designed to promote inter-rater reliability. Describe a prospective data analysis plan for each indicator. Qualifications of staff/personnel used to collect the data should be specified for all indicators.</li> </ul>

Key Findings for: <input type="checkbox"/> Proposal <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Resubmission <input type="checkbox"/> Final	
➤	Based upon the decline in rates in MY 2004 and the minimal improvement in the prior year Anthem Blue Cross/Blue Shield needs to reexamine the barriers or root causes underlying these results and develop more aggressive, targeted interventions. Perhaps including a broader representation of staff in the analysis as well as examining data by age groups and individual providers may assist in surfacing additional barriers.
➤	Data should be consistently reported for the same time period for each measurement year to allow for appropriate comparison with prior measurement years and comparison goals and/or benchmarks should be identified for each measurement period. An analysis of findings, both quantitative and qualitative, should be completed now that data for MY 2004 has been received focusing on an in-depth barrier analysis to address stalled improvement and the development of associated interventions that are timely, focused, and aggressive.
➤	Consider examining the individual as well as the combined medication rate for each of the Medicaid populations especially since PIP interventions were implemented at a later date for Medallion II enrollees.
➤	The slight deterioration in rate for MY 2004 suggests a need to reexamine barriers relating to the performance gap and develop targeted, aggressive interventions to ensure sustained as well as continued improvement.
<input checked="" type="checkbox"/>	The study design and methodology for this PIP submission meets PIP requirements. The EQRO recommends that the MCO continue with the project and report next year in the Spring of 2-006 (exact time to be determined).
<input type="checkbox"/>	The study design and methodology for this PIP submission does not meet PIP requirements. To meet requirements, we recommend the MCO resubmit the following by _____ (date):
	<ul style="list-style-type: none"> <li>• (Action)</li> <li>• (Action)</li> </ul>

## QUALITY IMPROVEMENT PROJECT VALIDATION WORKSHEET

*Use this or a similar worksheet as a guide when validating MCO/PHP Quality Improvement Projects. Answer all questions for each activity. Refer to the protocol for detailed information on each area.*

ID of evaluator jaDate of evaluation: July 2005

Demographic Information	
MCO/PHP Name or ID:	Anthem Blue Cross/Blue Shield
Project Leader Name:	Candice McAuliffe, Program Manager
Telephone Number:	(804) 354-7060 Email: Candice.mcauliffe@anthem.com
Name of Quality Improvement Project:	HMO Adolescent Immunization Combo 2 Rate Analysis
Dates in Study Period:	2002 to 2004 Phase: Remeasurement 2
Note: Data for 2003 was not provided. It appears this measurement period was either omitted or no measurements occurred for this period.	



I. ACTIVITY 1: ASSESS THE STUDY METHODOLOGY					
Step 1. REVIEW THE SELECTED STUDY TOPIC (S)					
Component/Standard	Y	N	N/A	Comments	Cites and Similar References
1.1 Was the topic selected through data collection and analysis of comprehensive aspects of enrollee needs, care and services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	There was no PIP study documentation supporting selection of study topic through analysis of Medallion II demographic and utilization data.	QAPI RE2Q1 QAPI RE2Q2, 3,4 QIA S1A1
1.2 Did the MCO/PHP QIP address a broad spectrum of key aspects of enrollee care and services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	This PIP appears to seek to increase the combo 2 immunization rate for adolescent enrollees. While this is considered to be a baseline review this PIP did address over time multiple care and delivery systems that have the ability to pose barriers to improved enrollee outcomes and meets the requirements of this component.	QAPI RE2Q1 QIA S1A2
1.3 Did the MCO/PHP QIP include all enrolled populations; i.e., did not exclude certain enrollees such as with those with special health care needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	This PIP addresses care of all Medicaid HMO enrolled adolescents who turned 13 years old during the measurement year. There was no evidence that Anthem Blue Cross/Blue Shield excluded certain enrollees from the PIP.	QAPI RE2Q1 QIA S1A2
<b>Assessment Component 1</b> <input type="checkbox"/> Met – All required components are present. <input checked="" type="checkbox"/> Partially Met – Some, but not all components are present. <input type="checkbox"/> Unmet -None of the required components is present.					

**I. ACTIVITY 1: ASSESS THE STUDY METHODOLOGY****Step 1. REVIEW THE SELECTED STUDY TOPIC (S)****Recommendations**

Describe how the study topic was selected and include findings supporting topic selection based on analysis of Medallion II enrollee demographic and utilization data.

Step 2: REVIEW THE STUDY QUESTION (S)					
Component/Standard	Y	N	N/A	Comments	Cites and Similar References
2.1 Was there a clear problem statement that described the rationale for the study?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	There was no clear problem statement that described the rationale for the study.	QIA S1A3
<b>Assessment Component 2</b> <input type="checkbox"/> Met – All required components are present. <input type="checkbox"/> Partially Met – Some, but not all components are present. <input checked="" type="checkbox"/> Unmet -None of the required components is present.					
<b>Recommendations</b> Develop a clear problem statement that not only analyzes performance relative to national benchmarks but also cites the potential health consequences identified in clinical literature for performance below benchmarks.					

Step 3: REVIEW SELECTED STUDY INDICATOR (S)					
Component/Standard	Y	N	N/A	Comments	Cites and Similar References
3.1 Did the study use objective, clearly defined, measurable indicators?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	One indicator was identified for this PIP: the HMO adolescent immunization combo 2 rate. Limited PIP study documentation was available to assess this component. It appears that the selected indicator was a HEDIS measure although this was not explicitly stated.	QAPI RE3Q1, QAPI RE3Q2-6 QAPI RE3Q7-8 QIA S1B2 QIA S1B3
3.2 Did the indicators measure changes in health status, functional status, or enrollee satisfaction, or processes of care with strong associations with improved outcomes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Increases in adolescent immunization rates have been identified as valid proxy measures for improved health status.	QAPI RE3Q9 QIA S1B1
<b>Assessment Component 3</b> <input type="checkbox"/> Met – All required components are present. <input checked="" type="checkbox"/> Partially Met – Some, but not all components are present. <input type="checkbox"/> Unmet -None of the required components are present.					
<b>Recommendations</b> Provide study documentation to support use of objective, clearly defined, measurable indicators. If HEDIS measures are used this should be explicitly stated.					

Step 4: REVIEW THE IDENTIFIED STUDY POPULATION					
Component/Standard	Y	N	N/A	Comments	Cites and Similar References
4.1 Did the MCO/PHP clearly define all Medicaid enrollees to whom the study question(s) and indicator(s) are relevant?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Anthem Blue Cross/Blue Shield defined the identified study population as all enrollees who turned 13 years during the measurement year. Enrollment criteria was not specified which is a component of a clearly defined study population.	QAPI RE2Q1, QAPI RE3Q2-6
4.2 If the MCO/PHP studied the entire population, did its data collection approach capture all enrollees to whom the study question applied?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	There was no information provided to support the existence of procedures to ensure that Anthem Blue Cross/Blue Shield's data collection approach captured all Medicaid enrollees for the selected indicator.	QAPI RE4Q1&2 QAPI RE5Q1.2 QIA I B, C
<b>Assessment Component 4</b> <input type="checkbox"/> Met – All required components are present. <input type="checkbox"/> Partially Met – One, but not all components are present. <input checked="" type="checkbox"/> Unmet -None of the required components is present.					
<b>Recommendations</b> Clearly define the identified study population to include enrollment requirements. Describe how Anthem Blue Cross/Blue Shield ensures that the data collection approach validly captures all Medicaid enrollees for the selected indicator.					

Step 5: REVIEW SAMPLING METHODS					
Component/Standard	Y	N	N/A	Comments	Cites and Similar References
5.1 Did the sampling technique consider and specify the true (or estimated) frequency of occurrence of the event, the confidence interval to be used, and the margin of error that will be acceptable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HEDIS methodology and specifications meet the requirements of this component.	QAPI RE5Q1.3a QIA S1C2
5.2 Did the MCO/PHP employ valid sampling techniques that protected against bias? <i>Specify the type of sampling or census used:</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HEDIS methodology and specifications meet the requirements of this component.	QAPI RE5Q1.3b-c QIA S1C2
5.3 Did the sample contain a sufficient number of enrollees?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HEDIS methodology and specifications meet the requirements of this component.	QAPI RE5Q1.3b-c QIA S1C2
<b>Assessment Component 5</b> <input checked="" type="checkbox"/> Met – All required components are present. <input type="checkbox"/> Partially Met – Some, but not all components are present. <input type="checkbox"/> Unmet -None of the required components is present.					
<b>Recommendations</b>  					

Step 6: REVIEW DATA COLLECTION PROCEDURES					
Component/Standard	Y	N	N/A	Comments	Cites and Similar References
6.1 Did the study design clearly specify the data to be collected?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Data elements were clearly defined in PIP study documentation.	QAPI RE4Q1&2
6.2 Did the study design clearly specify the sources of data	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The sources of data were not specified.	QAPI RE4Q1&2
6.3 Did the study design specify a systematic method of collecting valid and reliable data that represents the entire population to which the study's indicator(s) apply?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The data collection methodology was not identified. There was no evidence of a plan to audit data to ensure validity and reliability for any of the indicators for MY 2004 data.	QAPI RE4Q3a QAPI RE4Q3b QIA S1C1 QIA S1C3
6.4 Did the instruments for data collection provide for consistent, accurate data collection over the time periods studied?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	There was no evidence to support clear data collection instruments designed to promote inter-rater reliability for any manual data collection.	QAPI RE4Q1&2 QAPI RE4Q3b QAPI RE7Q1&2
6.5 Did the study design prospectively specify a data analysis plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	There was no evidence of a prospective data analysis plan.	QAPI RE5Q1.2
6.6 Were qualified staff and personnel used to collect the data?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Qualifications of staff used to collect the data were not specified.	QAPI RE4Q4
<b>Assessment Component 6</b> <input type="checkbox"/> Met – All required components are present. <input checked="" type="checkbox"/> Partially Met – Some, but not all components are present. <input type="checkbox"/> Unmet -None of the required components is present.					

**Recommendations**

Clearly specify the sources of data used for the study. Describe the data collection methodology. Provide evidence of an internal plan to audit data to ensure validity and reliability of results. If manual data collection is performed for any indicator, describe how the data collection instrument was designed to promote inter-rater reliability. Describe a prospective data analysis plan for each indicator. Qualifications of staff/personnel used to collect the data should be specified for each indicator.



Step 7: ASSESS IMPROVEMENT STRATEGIES					
Component/Standard	Y	N	N/A	Comments	Cites and Similar References
7.1 Were reasonable interventions undertaken to address causes/barriers identified through data analysis and QI processes undertaken?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Anthem Blue Cross/Blue Shield PIP documentation evidenced an extremely limited barrier analysis following receipt of MY 2004 data. The only barrier identified was an administrative barrier that explained the reason for the few administrative hits in the numerator as related to the long span time between claims and the scattering of data among various sources. There was no planned intervention identified in response to this barrier. Ongoing interventions were identified; however, they were not linked to any barriers.	QAPI RE6Q1a QAPI RE6Q1b QAPI RE1SQ1-3 QIA S3.5 QIA S4.1 QIA S4.2 QIA S4.3
<b>Assessment Component 7</b> <input type="checkbox"/> Met – All required components are present. <input checked="" type="checkbox"/> Partially Met – Some, but not all components are present. <input type="checkbox"/> Unmet -None of the required components is present.					
<b>Recommendations</b> Ensure that PIP study documentation identifies planned interventions in response to identified barriers for each measurement period. Ensure that barriers are identified for each planned intervention.					

Step 8: REVIEW DATA ANALYSIS AND INTERPRETATION OF STUDY RESULTS					
Component/Standard	Y	N	N/A	Comments	Cites and Similar References
8.1 Was an analysis of the findings performed according to the data analysis plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anthem Blue Cross/Blue Shield analyzed its findings after the 2004 remeasurement period. Both a quantitative and qualitative analysis was performed. Graphs trending rates over time were also included.	QAPI RE4Q4 QIA III
8.2 Did the MCO/PHP present numerical QIP results and findings accurately and clearly?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The HealthKeepers Plus rate identified as 33.2 for MY 2004 did not appear to be accurate based upon the numerator of 137 and the denominator of 431. Based upon numerator and denominator data this rate should be 31.8 not 33.2.	
8.3 Did the analysis identify: initial and repeat measurements, statistical significance, factors that influence comparability of initial and repeat measurements, and factors that threaten internal and external validity?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	This is considered a baseline year for submission of this second PIP in compliance with a Department of Medical Assistance Services contractual requirement. Therefore, only 2004 measurements were reviewed.	QAPI RE7Q2 QIA S1C4 QIA S2.1
8.4 Did the analysis of study data include an interpretation of the extent to which its QIP was successful and follow-up activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	This is considered a baseline year for submission of this second PIP in compliance with a Department of Medical Assistance Services contractual requirement. Therefore, no analysis of the extent to which the PIP was successful and follow-up activities was required.	QIA S2.2

<b>Step 8:            REVIEW DATA ANALYSIS AND INTERPRETATION OF STUDY RESULTS</b>
<b>Assessment Component 8</b>
<input type="checkbox"/> Met – All required components are present.
<input checked="" type="checkbox"/> Partially Met – Some, but not all components are present.
<input type="checkbox"/> Unmet -None of the required components is present.
<b>Recommendations</b>
Ensure that reported indicator results are accurate.

Step 9: ASSESS WHETHER IMPROVEMENT IS REAL IMPROVEMENT					
Component/Standard	Y	N	N/A	Comments	Cites and Similar References
9.1 Was the same methodology as the baseline measurement used when measurement was repeated?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	This is considered a baseline year for submission of this second PIP in compliance with a Department of Medical Assistance Services contractual requirement. Therefore, no repeat measurements will be reviewed during this cycle.	QAPI RE7Q2 QAPI 2SQ1-2 QIA S1C4 QIA S2.2 QIA S3.1 QIA S3.3 QIA S3.4
9.2 Was there any documented quantitative improvement in processes or outcomes of care?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	This is considered a baseline year for submission of this second PIP in compliance with a Department of Medical Assistance Services contractual requirement. Therefore, documented quantitative improvement in processes or outcomes of care was not reviewed during this cycle.	QAPI RE7Q3 QIA S2.3
9.3 Does the reported improvement in performance have face validity; i.e., does the improvement in performance appear to be the result of the planned quality improvement intervention?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	This is considered a baseline year for submission of this second PIP in compliance with a Department of Medical Assistance Services contractual requirement. Therefore, this component will not be reviewed during this cycle.	QIA S3.2
9.4 Is there any statistical evidence that any observed performance improvement is true improvement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	This is considered a baseline year for submission of this second PIP in compliance with a Department of Medical Assistance Services contractual requirement. Therefore, this component will not be reviewed during this cycle.	QIA S2.3

<b>Step 9: ASSESS WHETHER IMPROVEMENT IS REAL IMPROVEMENT</b>
<b>Assessment Component 9</b>
<input checked="checked" type="checkbox"/> Met – All required components are present.
<input type="checkbox"/> Partially Met – Some, but not all components are present.
<input type="checkbox"/> Unmet -None of the required components is present.
<b>Recommendations</b>

Step 10: ASSESS SUSTAINED IMPROVEMENT					
Component/Standard	Y	N	N/A	Comments	Cites and Similar References
10.1 Was sustained improvement demonstrated through repeated measurements over comparable time periods?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	This is considered a baseline year for submission of this second PIP in compliance with a Department of Medical Assistance Services contractual requirement. Therefore, this component will not be reviewed during this cycle.	QAPI RE2SQ3 QIA II, III
<b>Assessment Component 10</b> <input checked="" type="checkbox"/> Met – All required components are present. <input type="checkbox"/> Partially Met – Some, but not all components are present. <input type="checkbox"/> Unmet -None of the required components is present.					
<b>Recommendations</b>  					

Key Findings for: <input type="checkbox"/> Proposal <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Resubmission <input type="checkbox"/> Final	
1. Strengths	➤ Data elements were clearly defined in PIP study documentation.
2. Best Practices	None identified.
3. Potential /significant issues experienced by MCO (Barrier Analysis/Clarification Questions)	<p>Barriers identified included:</p> <p>➤ Few administrative hits due to the long span of time between claims and the scattering of data among various sources.</p>
4. Actions taken by MCO (Barrier Analysis/Response to Clarification Questions)	<p>Actions taken by the MCO included:</p> <p>➤ No intervention was planned to address this barrier.</p>
5. Recommendations for the next submission	<p>➤ Describe how the study topic was selected and include findings supporting topic selection based on analysis of Medallion II enrollee demographic and utilization data.</p> <p>➤ Develop a clear problem statement that not only analyzes performance relative to national benchmarks but also cites the potential health consequences identified in clinical literature for performance below benchmarks.</p> <p>➤ Provide study documentation to support use of objective, clearly defined, measurable indicators. If HEDIS measures are used this should be explicitly stated.</p> <p>➤ Clearly define the identified study population to include enrollment requirements. Describe how Anthem Blue Cross/Blue Shield ensures that the data collection approach validly captures all Medicaid enrollees for the selected indicator.</p> <p>➤ Clearly specify the sources of data used for the study. Describe the data collection methodology. Provide evidence of an internal plan to audit data to ensure validity and reliability of results. If manual data collection is performed for any indicator, describe how the data collection instrument was designed to promote inter-rater reliability. Describe a prospective data analysis plan for each</p>

<b>Key Findings for:</b> <input type="checkbox"/> <b>Proposal</b> <input checked="" type="checkbox"/> <b>Annual</b> <input type="checkbox"/> <b>Resubmission</b> <input type="checkbox"/> <b>Final</b>	
	<p>indicator. Qualifications of staff/personnel used to collect the data should be specified for each indicator.</p> <ul style="list-style-type: none"> <li>➤ Ensure that PIP study documentation identifies planned interventions in response to identified barriers for each measurement period. Ensure that barriers are identified for each planned intervention.</li> <li>➤ Ensure that reported indicator results are accurate.</li> </ul>
<input checked="" type="checkbox"/>	<p>The study design and methodology for this PIP submission meets PIP requirements. The EQRO recommends that the MCO continue with the project and report next year in the Spring of 2006 (exact time to be determined).</p>
<input type="checkbox"/>	<p>The study design and methodology for this PIP submission does not meet PIP requirements. To meet requirements, we recommend the MCO resubmit the following by _____ (date):</p> <ul style="list-style-type: none"> <li>• (Action)</li> <li>• (Action)</li> </ul>